HIGHMARK HEALTH OPTIONS

Obstetrical Needs Assessment Form (ONAF)

Fax Information

Date of first fax _____ 28–32 weeks fax date _____

Postpartum fax date _____ Fax number _____

Member name (first, middle initial, last) _____

Date of birth _____ Member ID _____

Home phone _____ Cell phone _____

Provider name: _____

Provider ID: _____

Phone: _____

Fax: _____

Hospital for delivery _____ Gestational age at first visit (in weeks) _____

Date of 1st prenatal visit _____ Estimated due date _____ Gravida _____ Para _____ Live births _____ TAB _____

Date of last PAP _____ Date of last chlamydia screen _____ Depression screen? ☐ Yes ☐ No Dental visit past 6 months? ☐ Yes ☐ No WIC ☐ Yes ☐ No

Past OB Complications	Current Risks	Trimester 1st	2nd	3rd	Active Diagnosis	Trimester 1st	2nd	3rd
☐ Gestational diabetes	2nd/3rd trimester bleeding				Anemia Hb<10			
☐ Incompetent cervix	Abnormal placenta				Asthma			
☐ IUGR	English not primary language				Autoimmune disorders			
☐ Preeclampsia/Eclampsia	Language preference				Behavioral health diagnosis (specify)			
☐ Premature ROM	Gestational diabetes				Currently prescribed medication			
☐ Preterm delivery wks	Missed prenatal care visit				Blood disorder (specify)			
☐ Preterm labor <32 wks	Multiple gestation				Cardiac disease (specify)			
☐ Previous C-section	Perinatal depression				Depression			
☐ Previous fetal demise	Periodontal disease				Diabetes			
☐ Recurrent 2nd trimester loss	Poor weight gain				Eating disorder (specify)			
Prenatal Visit Dates	Preeclampsia/Eclampsia				Hepatitis (specify)			
	Premature ROM				High blood pressure			
	Preterm dilation of cervix (<1.5 cm) or Preterm labor, <32 wks				HIV			
	Previous delivery within 1 year				Intellectual/developmental disability			
	Health-Related Social Needs	**Trimester 1st**	**2nd**	**3rd**	Obesity			
	Domestic violence				Opioid use disorder			
	Economic instability				Renal disease (specify)			
	English not primary language Language preference				RH Factor incompatibility			
	Food insecurity				Seizure disorder			
	Housing insecurity				Sickle cell disease			
	Lack of support system				Substance use disorder (specify)			
	Literacy concerns				STI (specify)			
	Transportation				Tobacco use (current)			
	Other social issues (specify)				Cessation services offered			
					Thyroid disease (specify)			
					Other medical issues			

Postpartum Visit

Date of postpartum visit			Postpartum depression present ☐	Postpartum contraception discussed ☐	Community referrals made ☐
Feeding method	Breast ☐	Bottle ☐	Both ☐	Quit tobacco during pregnancy ☐ Remains tobacco free ☐	
Method of delivery	Vaginal ☐	C-section ☐	VBAC ☐	Delivery date	Weeks of gestation at delivery

Instructions for Completing the Obstetrical Needs Assessment Form (ONAF)

This form is used to help identify risk factors early in the pregnancy and engage patients in care management. The ONAF is not a claim.

Note: The ONAF must be received by Highmark Health Options and documented in the claims system prior to receipt of the claim to allow the appropriate bonus and intake visit payment.

Intake Visit

Use this form as the initial notification of a member's pregnancy. The ONAF must be completed during the intake visit and faxed to Highmark Health Options immediately and filed in the patient's medical record. Prompt submission from your office allows us to enroll the member in our Maternity Outreach Management Program as early as possible.

Fax this form to 1-855-501-3903. The updated form can be faxed after follow-up visits (see below).

To complete the form:

1. Fill in the **demographics section** in its entirety for each submission.
2. Fill in the **clinical section** in its entirety for each submission by checking the trimester in which the risk or medical condition was noted.
   - Checked boxes indicate the condition was identified in that trimester.
   - Unchecked boxes indicate the risk was not identified.
3. Fill in the dates of all visits, including the postpartum visit.

Note: The form does not need to be filled out by a physician.

Contact us if you have questions about this form. Call **1-844-325-6251** or email **hho-epsdt@highmark.com**.

Follow-up Visits

Also use the form to document follow-up prenatal visits. You do not need to complete the top part of the form each time. Simply add details or risk factors to the original form and fax it to us.

Provider Incentive Payment for Intake Visit

Providers can earn an incentive payment for completing the ONAF. Two incentive payments are offered:

- Outreach bonus: **$100** for an intake visit with completed form during the first trimester (99429-HD).
  Note: Procedure codes for first trimester outreach (99429-HD) and initial risk assessment (T1001-U9) must be reported together on the same claim form to allow the bonus payment. The appropriate evaluation and management codes (99202-99215) and HD pricing modifier, in the first position, must also be included on the claim form. The bonus payment will not be paid if both codes and modifiers referenced above are not reported on the same claim.
- Intake visit: **$50** for an intake visit with completed form (T1001-HD).
  Note: If the patient's first prenatal visit does not occur within the first trimester, code 99429-HD should not be billed. At the intake visit, an ONAF must be completed and faxed to Highmark Health Options, and a claim submitted with code T1001-HD for reimbursement. The appropriate evaluation and management code and pricing modifier should also be included on the claim form.

This incentive information also appears in the Provider Manual.